REMARKS

The non-final Office Action, dated March 27, 2006, considered and rejected claims 1-44. Claims 1, 16 and 27 were rejected under 35 U.S.C. § 112, second paragraph as being indefinite. Claims 27-37 were rejected under 35 U.S.C. § 101 as being directed to non-statutory subject matter. Claims 1-7, 9, 10, 12, 13, 16-22, 24, 27-33, 35, 38-41 and 43 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tindal, et al. (U.S. Publ. No. 2002/0069271) in view of Jahn (U.S. Publ. No. 2004/0019803). Claims 8, 14, 23, 25, 34, 36, 42 and 44 were rejected under 35 U.S.C. §103(a) as being unpatentable over Tindal in view of Jahn, and further in view of Fabrizi, et al. (U.S. Publ. No. 2004/0153748). Claim 11 was rejected under 35 U.S.C. § 103(a) as being unpatentable over Tindal in view of Jahn, and further in view of Feng, et al. (U.S. Publ. No. 2004/0083243). Claims 15, 26 and 37 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Tindal in view of Jahn, and further in view of Mellquist, et al. (U.S. Publ. No. 7,002,921).[1]

By this paper, claims 1, 16, 27 and 38 have been amended and claims 45-48 added, while no claims have been cancelled.[2] Accordingly, following this amendment, claims 1-48 remain pending, of which claims 1, 16, 27 and 38 are the only independent claims at issue.

As noted above, various claims were rejected under 35 U.S.C. § 112, second paragraph and under 35 U.S.C. § 101. In light of the claim amendments to claims 1, 16, 27 and 38, Applicant respectfully submits that the recited antecedent basis and statutory subject matter rejections have been overcome and are now moot.

As reflected in the claims listing above, the present invention is generally directed to systems, methods, and computer-readable storage media for administering personal computer health status. As recited in claim 1, for example, a personal computer health administration system includes a provider subsystem which provides services relating to the health status of a personal computer and includes multiple provider modules which each acquire health status information of the personal computer by acquiring health status information for different aspects of personal computer health. A health engine subsystem is also included for processing the

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[1] Although the prior art status of the cited art is not being challenged at this time, Applicant reserves the right to challenge the prior art status of the cited art at any appropriate time, should it arise. Accordingly, any arguments and amendments made herein should not be construed as Applicant acquiescing to any prior art status of the cited art.

[2] Support for the amendments and new claims can be found throughout Applicant's disclosure, including, by way of representation only, the discussion on pages 4, 5, 9, 11-13 and 15 of the originally filed application.

health status information acquired by the provider subsystem and rendering health status notifications. A client user interface subsystem then reports personal computer health status to a user in accordance with the health status notifications, and does so on a per computer basis.

Claim 16 recites a method, and claim 27 recites a computer-readable storage medium, each of which generally corresponding to the system of claim 1. Claim 38 is directed to a system for administering personal computer health, and generally corresponds to the system of claim 1, but is recited in functional language.

While the Tindal and Jahn references are generally directed toward monitoring the health of computer networks, Applicant respectfully submits that the cited art fails to make obvious the claimed invention. For example, among other things, the cited art fails to disclose or suggest a system (claims 1 and 38), method (claim 16) or computer-readable storage medium (claim 27) in which a client user interface subsystem reports personal computer health status to a user on a per computer basis in accordance with health status notifications received from a health engine subsystem.

In fact, the Office Action acknowledges that Tindal fails to disclose a client user interface subsystem for reporting personal computer health status to a user. (Office Action, p. 4).[3] For this teaching, the Office Action relies on the Jahn reference.

Jahn, however, fails to teach a client user interface subsystem for reporting computer health status to a user *on a per computer basis* and in accordance with health status notifications, as claimed in combination with the other recited claim elements. In contrast, Jahn actually appears to teach a system in which a system health is evaluated and reported on a network level, by grouping network devices.

In particular, Jahn discloses a web-based software package for reporting security vulnerabilities on a computer network. (¶ 20). The software includes scanning capabilities which scan the network nodes—including personal computers—on a node-by-node basis to determine various vulnerabilities (e.g., accessible ports, crackable passwords, flawed firewalls).

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[3] This failure of Tindal is exemplary only. For example, Applicant also respectfully submits that Tindal fails to teach a provider subsystem that includes multiple provider modules for acquiring the health status information for different aspects of personal computer health. In particular, Tindal discloses a single health manager 180 within a network manager 140 that monitors the health of the network and/or individual network devices, and publishes messages regarding current or anticipated network problems. (¶¶ 31, 39; Fig. 3). Accordingly, Tindal discloses a single health manager is disclosed for evaluating all network problems, and fails to disclose multiple modules that each acquire health status information for a different aspect of personal computer health, as recited in combination with the other recited claim elements.

(¶¶ 37, 47). Thereafter, the results of the scanning are displayed in a web page which reports the types of network nodes tested (e.g., Personal Computers 14), the number of test criteria used to evaluate the nodes, and a health indicator for the type of node. (¶¶ 49-50; Fig. 2). For example, personal computers may be evaluated according to ten different criteria and, based on those criteria, given a rating of Excellent, Satisfactory, Marginal, or Unsatisfactory. (¶ 50; Fig. 2).

Once the report has been displayed, the network administrator may use a hyperlink to drill down to the status of specific types of evaluation criteria. (¶ 53). As disclosed in Jahn, for example, an administrator may drill down in the Personal Computers category to obtain a breakdown of each criteria used. (¶ 54; Fig. 3). The breakdown includes a description of each criteria and a rating for that specific criteria. (¶¶ 54, 55; Fig. 3). From there, the administrator may drill down further into the criteria and obtain a status report explaining the reasoning behind the criterion rating, the findings, and resources for addressing the problem. (¶ 56; Fig. 4).

Accordingly, Jahn discloses a system in which an web page displays network health information based on: (i) node categories (Fig. 2); and (ii) test criteria within node categories (Figs. 3, 4), but fails to teach or suggest a client interface subsystem reports personal computer health status to a user *on a per computer basis*. Stated another way, Jahn appears to merely disclose displaying generalized network-wide information that is applicable to all personal computers on the network, but does not report the status of a computer on a computer-by-computer basis. As a result, Jahn, whether alone or in combination with Tindal, fails to teach or suggest each and every element of the recited claims.

Accordingly, and for at least these reasons, Applicant respectfully that the independent claims are allowable over the cited references. Moreover, inasmuch as each independent claim is allowable over the cited references, it will be appreciated that all other rejections of record with respect to the dependent claims are now moot and need not be addressed individually. Nevertheless, to further differentiate between the cited references and the present invention, the newly added claims will be specifically addressed.

With respect to claims 45 and 46, Applicant respectfully submits that the cited art fails to disclose or suggest wherein reporting to a user includes providing a comparison of current performance with past performance of the same personal computer (claim 45) or with the health status of another computer on the network (claim 46). In fact, Tindal does not appear to disclose any comparison or other use of past performance by the same computer or the health of another

network computer. In addition, while Jahn appears to disclose that past scans can be compared on a node-by-node basis to allow a recoverable/restart capability (¶ 47), Jahn clearly fails to disclose or suggest that the comparison is made against a different computer in the network (claim 46) or that such a comparison is reported to a user (claims 45, 46).

With respect to claim 47, Applicant respectfully submits that the cited references fail to disclose or suggest the health engine subsystem coordinating corrective actions with a current use status of the personal computer. In particular, Tindal discloses that a policy manager 170 can determine an appropriate course of action and an action manager 185 can implement the response. (¶ 39). Tindal fails, however, to disclose that the action considers or in some way coordinates the response with the current use status of the computer. Similarly, while Jahn appears to disclose that the status report can include resources for addressing a problem (¶ 56), Jahn fails, to disclose that the system receives or implements corrective actions, much less that it coordinates such with the current use of the personal computer, as claimed in combination with the other recited claim elements.

In addition, and with respect to claim 48, Applicant submits that the cited art fails to teach or suggest the invocation, by the health engine subsystem, an automatic corrective action for a detected problem, without the user's request for the corrective action. In Jahn, for example, all actions appear to be taken by a user upon drilling down through various reports. Tindal discloses that such actions are determined by the policy manager 170 and implemented by the action manager 185, such that they are not invoked by the health manager. Moreover, Tindal appears to be devoid of any teaching that such action is taken automatically, and without user intervention.

In view of the foregoing, Applicant respectfully submits that the other rejections to the claims are now moot and do not, therefore, need to be addressed individually at this time. It will be appreciated, however, that this should not be construed as Applicant acquiescing to any of the purported teachings or assertions made in the last action regarding the cited art or the pending application, including any official notice. Instead, Applicant reserves the right to challenge any of the purported teachings or assertions made in the last action at any appropriate time in the future, should it arise. Furthermore, to the extent that the Examiner has relied on any Official Notice, explicitly or implicitly, Applicant specifically requests that the Examiner provide

references supporting the teachings officially noticed, as well as the required motivation or suggestion to combine references with the other art of record.

In the event that the Examiner finds remaining impediment to a prompt allowance of this application that may be clarified through a telephone interview, the Examiner is requested to contact the undersigned attorney.

Dated this 27th day of June, 2006.

Respectfully submitted,

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